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Topic: Ebola Updates

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Background: Ebola, previously known as Ebola hemorrhagic fever, is a rare and deadly disease caused by infection with one of the Ebola virus strains. Ebola can cause disease in humans and non-human primates. Ebola viruses are found in several African countries. Ebola was first discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Since then, outbreaks have appeared sporadically in Africa. The natural reservoir host of Ebola virus remains unknown; however, on the basis of evidence and the nature of similar viruses, researchers believe the virus is animal-borne and bats are the most likely reservoir.

The 2014 Ebola epidemic is the largest in history, affecting Guinea, Liberia and Sierra Leone in West Africa. CDC has announced that beginning 11.17.14 travelers returning from Mali will be screened. The CDC recommended this measure because there have been a number of confirmed cases of Ebola in Mali in recent days, and a large number of individuals may have been exposed to those cases. Thus, the action is warranted as a precaution due to the possibility that other cases of Ebola may emerge in Mali in the coming days. CDC will continue to reassess this determination on a regular basis going forward.

Laboratory: Suspect cases (meeting BOTH the clinical and travel/exposure criteria defined by CDC) identified in Iowa will be sent to CDC for testing. Testing will generally be performed within 24 hours of specimen receipt at CDC. If an entity in Iowa has a possible patient with Ebola, immediately consult with the Iowa Department of Public Health. IDPH, in collaboration with SHL, will assure testing is completed and actions are taken to prevent spread in Iowa.

IDPH Actions: IDPH has activated an incident management structure to organize meetings; develop state and local tracking procedures and fact sheets; develop message templates; and other communication tools.

Any suspected cases of Ebola (according to the CDC Guidelines) should be reported immediately to IDPH by phone at **800-362-2736, option 1.**

Since 11/17/14, IDPH preparedness activities include:

1. Conducting weekly Ebola briefing webinar for local public health, hospitals, and EMS to provide current information. Log in information is sent via the Health Alert Network weekly.
2. Links to guidance, checklists, and factsheets are available on an IDPH Ebola web site: [www.idph.state.ia.us/EHI/Issue.aspx?issue=Ebola Outbreak](http://www.idph.state.ia.us/EHI/Issue.aspx?issue=Ebola%20Outbreak).
3. The State Hygienic Laboratory is providing Ebola related guidance at www.shl.uiowa.edu/news/ebolaupdate.xml.
4. IDPH hosted a meeting in collaboration with Africans in Iowa for Empowerment (AIFE) and local public health to share information related to Ebola on November 15th. Approximately 40 individuals participated in this education session.
5. IDPH met with the Iowa Hospital Association and a limited number of hospitals on 11.18.14 to discuss a Healthcare Operations Plan for Ebola. The draft document has been updated and additional information regarding the plan provided on the Monday statewide webinar.
6. IDPH is establishing service agreements with select ambulance services provide transport services for suspected or confirmed Ebola patients.
7. IDPH will establish letters of agreement with Ebola Tier 2 and 3 facilities.
8. Continuing to use social media and the IDPH Ebola website to provide public information. An Ebola related press release template was provided 11.17.14.
9. Authorized hospitals and local public health agencies to use federal preparedness funds to support acquisition of personal protective equipment and provision of training for staff. A federal funding request has been made to Congress for support of Ebola preparation and response.

Count of Public Health Orders for Ebola
Data as of **11.23.2014**

The following table indicates the number of public health orders that have been issued.

There are no suspected or confirmed cases of Ebola in Iowa. No persons in Iowa are being tested for Ebola. No individuals under public health orders are showing symptoms of Ebola at this time. All individuals under public health orders are cooperating with the Iowa Department of Public Health.

Type of Action	# of Current Orders	Total # of Orders Issued since 9.1.14
Self-Monitoring Order	3	15
Quarantine Order	1	1
Isolation Order	0	0

- Self-monitoring Order: *Low risk* travelers are allowed normal activities and twice daily self-monitoring and reporting of temperature and any other Ebola consistent symptoms. No signs of illness are present.
- Quarantine Order: *Some or high risk* travelers are restricted to a specified location (i.e. home) and reporting of temperature (twice daily with at least once in presence of public health official) or any other Ebola consistent symptoms. No signs of illness are present.
- Isolation Order: Travelers with symptoms consistent with Ebola are restricted to a specified location (i.e. hospital room) and are under medical care.

Only state-level data is released to the public. Because of the small number of travelers returning to Iowa from Ebola-affected countries in West Africa, the release of county-level data could lead to identification of an individual, which is in violation of Iowa Code Chapter 22.

Current U.S. Case Counts, confirmed by CDC

Source: www.cdc.gov

Data as of noon 11.24.2014

State	Cases	Total Deaths
Texas	3	1
New York	1	0
Total	4	1

Four cases of Ebola have been confirmed in the United States: one case imported; two healthcare workers that were exposed to the imported case; and 1 healthcare worker exposed in Guinea.

Count of Individuals Under IDPH Public Health Orders for Potential Exposure to Ebola by Risk Level as of 11.23.14

The following table indicates the initial evaluation of individuals placed under public health orders.

Risk Level	# of individuals Currently Under an Order	Total # of Individuals Under Order since 9.1.14
Low Risk	3	15
Some Risk	1	1
High Risk	0	0

- *Low Risk* – Travelers from Sierra Leone, Liberia, or Guinea within last 21 days, but no known exposures to Ebola. No signs of illness are present.
- *Some Risk* – Travelers from Sierra Leone, Liberia, or Guinea within last 21 days, who worked directly with patients with Ebola, but had no identified personal protective equipment breaches. No signs of illness are present.
- *High Risk* – Travelers from Sierra Leone, Liberia, or Guinea within last 21 days, who worked directly with patients with Ebola, and had unprotected contact with the bodily fluids of an Ebola patient. No signs of illness are present.

Additional information on risk levels and public health orders are found at:

www.idph.state.ia.us/IDPHChannelsService/file.ashx?file=A9B0EBCE-5D19-4EBE-9B79-AEDCE005D67F

Current International Case Counts

Source: www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html

Data as of noon 11.24.2014

Country	Total Cases	Lab Confirmed Cases	Total Deaths
Guinea	1878	1612	1142
Liberia	6822	2553	2836
Sierra Leone	5368	4523	1169
Total	14068	8688	5147

A U.S. physician who worked in Sierra Leone contracted Ebola. He was transferred from Sierra Leone to the Nebraska Medical Center for treatment where he died on Monday, November 17, 2015. This individual was not diagnosed in the U.S. and is not included in CDC U.S. case counts.

